



Performance Report

Performance Period April 2006-June 2006

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from April through June 2006.

Data are presented in six performance areas:

- *Enrollment:* Data are provided on the number of children who were served, by island and statewide.
- *Service Gaps:* Data include the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide.
- *Personnel:* Information on personnel, by island and statewide, is collected to ensure there are sufficient personnel to serve the eligible population. Personnel data for EIS are divided by roles: social work, direct service, and central administration. Caseload data include the number and percentage of social workers that have non-weighted caseloads of no more than 1:35. Personnel data for Healthy Start staff (central administration positions) are provided.
- *Training Opportunities:* Training data include the number of early intervention (EI) staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. Information includes trainings provided or supported by EIS and Healthy Start.
- *Quality Assurance:* Information on quality assurance activities for EIS and Healthy Start are provided.
- *Funding:* Data on appropriations, allocations, and expenditures are provided.

Strengths and challenges to the early intervention system for April through June 2006 are summarized.

Enrollment

Early Intervention Section

Monthly Enrollment

Monthly enrollment data for infants and toddlers served by EIS from April through June 2006 are shown in Table 1.

Table 1. EIS Monthly Enrollment Data

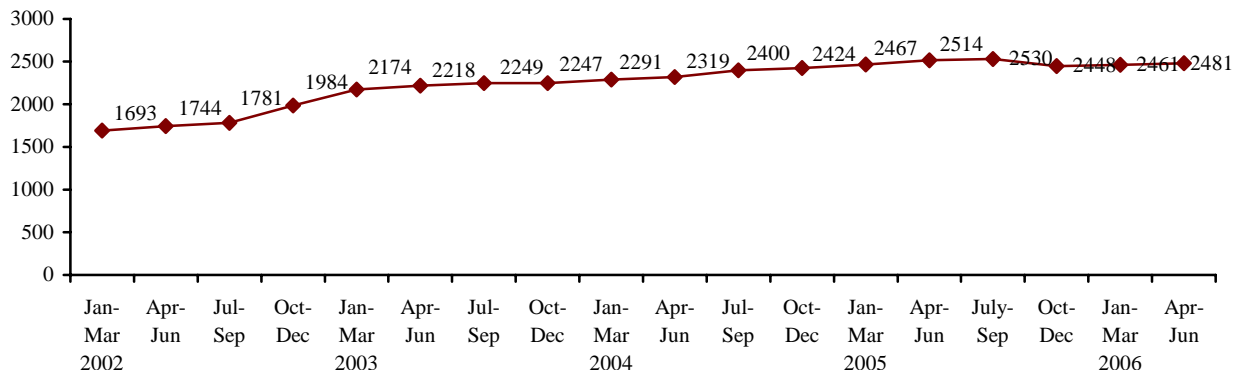
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
April 2006	2469	1754	283	264	131	28	9
May 2006	2483	1783	273	272	118	29	8
June 2006	2490	1785	284	260	126	27	8

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs [ECSP]), Purchase of Service programs (POSP), Public Health Nurses (PHN), and Healthy Start.

Quarterly Enrollment

The quarterly enrollments (average monthly enrollment for the quarter) since January 2002 are shown in Graph 1. Compared to the January-March quarter, which averaged 2461, the April-June 2006 quarter increased slightly to 2481. It appears that enrollment has somewhat leveled off over the past two years.

Graph 1. EIS Quarterly Enrollment from Apr.-June 2002 to Apr.-June 2006



Child Find

A goal of EIS is to share information regarding early intervention services with the community. Due to the Public Awareness position vacancy, EIS participated in only one major public awareness activity this quarter, the Special Parents Information Network (SPIN) Conference, which is widely attended by both service providers and family members of children between birth and age 5. It is expected that there will be participation in additional activities when the position is filled. Trainings for community preschool teachers, day care providers and other community providers expand the awareness and knowledge of early intervention services and the referral process to community providers (see section on Training Opportunities).

The EIS website, which was launched in May 2004, continues to expand awareness of Hawaii's early intervention program not only to Hawaii residents, but nationwide. The

website has an automatic link to the H-KISS referral form to simplify referrals. The website will be expanded to provide other relevant information when the position is filled.

Healthy Start

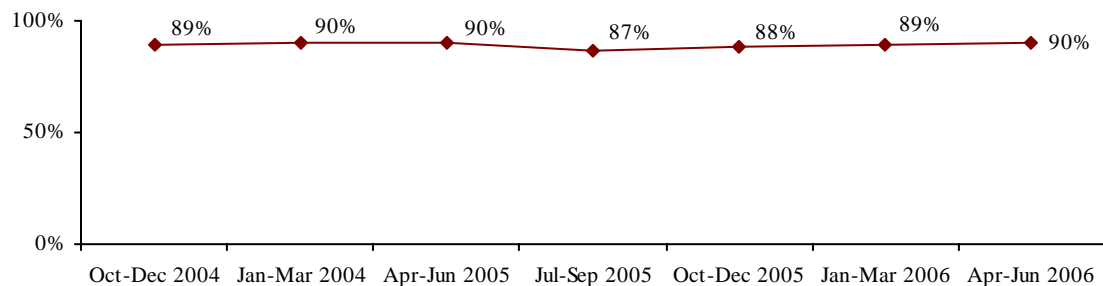
Birth rates for Hawaii for April to June 2006 are as follows:

Month	Births
April	1155
May	1235
June	1174

Screen, Assessment, and Accepted Referral Rates

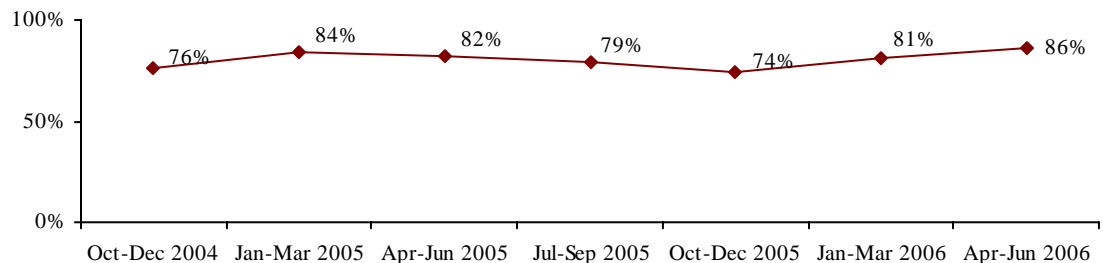
Screen rate: The quarterly early identification (EID) screen rate (Graph 2) has been relatively stable over the past 21 months.

Graph 2. Oahu EID Quarterly Screen Rate October 2004 through June 2006.



Assessment rate: The quarterly EID assessment rate (Graph 3) has increased slightly since the last quarter.

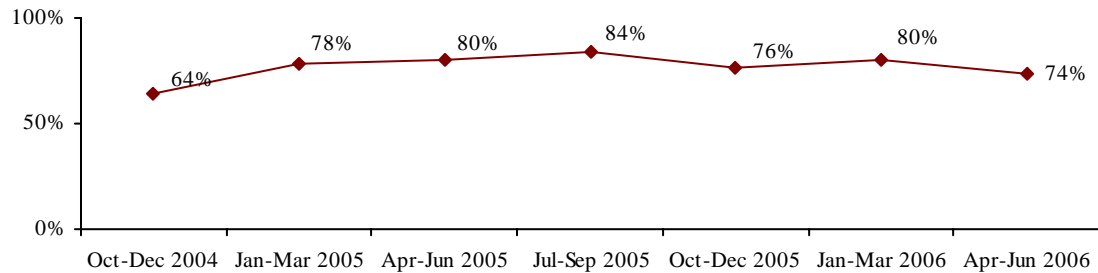
Graph 3. Oahu EID Quarterly Assessment Rate October 2004 through June 2006.



Referral rate: The quarterly EID referral rate (Graph 4) has decreased slightly over the past year, falling from 80% during the April-June 2005 quarter to 74% this quarter. Again, with the current extended statewide POSP ending, the transition to the new POSP, which included some adjustments in census tracts, may cause some fluctuation in referral rates. The fluctuation or slight dip in referrals may also be a reflection of early identification taking place following birth, with referral being deferred if a family is

determined to be known to Child Welfare Services (CWS). The referral is dependent on the CWS case worker assessing whether the Enhanced Healthy Start program is more appropriate than the basic Healthy Start program.

Graph 4. Oahu EID Quarterly Referral Rate October 2004 through June 2006.



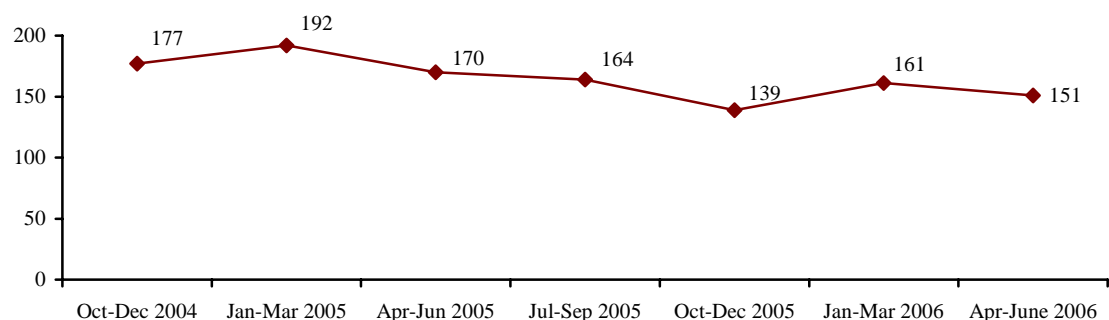
New Enrollment

A total of 454 infants were newly enrolled in home visiting services during this quarter (Table 2), a decrease of 28 from the previous quarter. Factors contributing to fluctuation in enrollment include varying number of births, varying number of positive screens/assessments, voluntary nature of acceptance of referrals to home visiting services, staff turnover, and protocols for addressing barriers to acceptance. The average monthly new enrollment statewide for this quarter is 151 (Graph 5), a decrease of 10 from last quarter.

Table 2. Healthy Start New Enrollment Data from April to June 2006

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	160	122	10	10	15	3	0
May	142	107	17	4	10	4	0
June	152	126	6	4	14	2	0

Graph 5. Healthy Start New Monthly Enrollment from October 2004 to June 2006



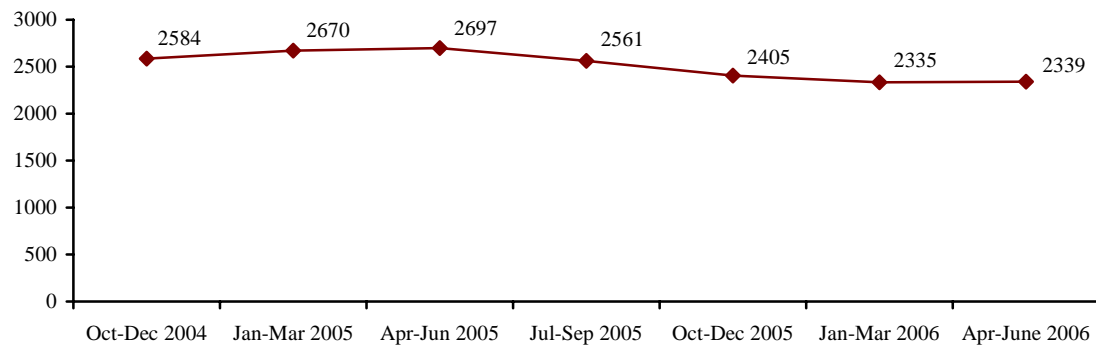
Active Enrollment

The monthly active enrollment (children in home visiting services) is shown in Table 3. The average monthly enrollment per quarter (Graph 6) increased by 4 children from the third quarter (January to March 2006). The average active monthly enrollment statewide for this quarter is 2,339.

Table 3. Healthy Start Monthly Active Enrollment for April to June 2006

Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	2317	1594	214	141	207	114	47
May	2340	1600	223	149	202	119	47
June	2359	1614	225	149	207	119	45

Graph 6. Healthy Start Average Quarterly Enrollment from October 2004 to June 2006.



Service Gaps

The tables below provide information on service gaps for EIS, PHNB, and Healthy Start providers for April-June 2006. Service gaps are divided into two types: full service gaps where no services were provided to the child, and partial service gaps where, although some services are provided, they are not consistent with the services identified in the child's Individual Family Support Plans. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, since another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there will be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Full Service Gaps

The total number of monthly full service gaps increased slightly from 42 full gaps last quarter to 47 full gaps this quarter, affecting 38 children (unduplicated monthly count). A total of 34 children (unduplicated quarterly count) had at least one full gap over the quarter. (Table 4)

Table 4. Full Service Gaps by Month

Service Gap		April	May	June	Total
Occupational Therapy			1 (Maui)	2 (Oahu) 2 (Hawaii)	5
Physical Therapy			1 (Maui)	3 (Oahu)	4
Speech Therapy		3 (Oahu)	7 (Oahu)	15 (Oahu)	25
Special Instruction		1 (Oahu)	1 (Oahu)	8 (Oahu)	10
Family Training		1 (Oahu)			1
Psychological Services		1 (Molokai)	1 (Molokai)		2
Total Number of Full Gaps		6	11	30	47
Total Number of Monthly Full Gaps	Oahu	5	8	28	41
	Maui		2		2
	Hawaii			2	2
	Kauai				
	Molokai	1	1		2
	Total	6	11	30	47
Total Number of Children (unduplicated by month)	Oahu	5	7	20	32
	Maui		2		2
	Hawaii			2	2
	Kauai				
	Molokai	1	1		2
	Total	6	10	22	38
Total Number of Children (unduplicated by quarter)	Oahu				29
	Maui				2
	Hawaii				2
	Kauai				
	Molokai				1
	Total				34

Partial Service Gaps

The total number of monthly partial service gaps (Table 5) increased from 213 partial gaps last quarter to 380 this quarter, affecting 365 children (unduplicated monthly count). Two hundred seventy (270) children experienced at least one gap during the quarter (many children experienced multiple gaps), a major increase from the 98 children from last quarter.

Table 5. Partial Service Gaps by Month

Service Gap		April	May	June	Total
Occupational Therapy		3 (Oahu) 3 (Maui)	19 (Oahu) 1 (Maui)	9 (Oahu) 1 (Hawaii) 13 (Maui)	49
Physical Therapy		4 (Oahu) 2 (Lanai) 4 (Maui)	17 (Oahu) 6 (Maui)	21 (Oahu) 2 (Maui)	56
Special Instruction		6 (Oahu)	32 (Oahu) 3 (Maui)	53 (Oahu) 4 (Hawaii)	98
Speech Therapy		37 (Oahu) 1 (Maui)	59 (Oahu) 2 (Maui)	75 (Oahu) 1 (Hawaii) 5 (Maui)	180
Total Number of Partial Gaps		60	139	181	380
Total Number of Partial Gaps	Oahu	50	127	155	332
	Maui	8	12	20	40
	Hawaii			6	6
	Lanai	2			2
	Total	60	139	181	380
Total Number of Children (unduplicated by month)	Oahu	48	120	151	319
	Maui	8	12	20	40
	Hawaii			4	4
	Lanai	2			2
	Total	58	132	175	365
Total Number of Children (unduplicated by quarter)	Oahu				227
	Maui				35
	Hawaii				6
	Lanai				2
	Total				270

Reasons for Gaps

There are several reasons for gaps, that are consistent across islands:

Staff Shortages and/or Vacancies. The main reason for gaps (both full and partial) continues to be staff vacancies. This was particularly true for speech therapy and special instruction on Oahu. While there are vacancies elsewhere in the state, Oahu appears to be most impacted through both DOH and POS programs. This may be due to an increase in available options in the private sector (outside of early intervention), which provide a higher salary.

Vacation/Sick Leave/Emergencies. Gaps also occur when staff is on vacation and/or sick leave or when there are family emergencies. There generally are not “substitute” providers to fill in and meet service requirements. As noted in the section above, programs usually respond by revising schedules so that all children receive at least some services identified, but this continues to result in partial service gaps.

Providing Services on Weekends or After Work Hours and at Homes of Families. While this did not appear to be a major reason for gaps, the inability to provide services on weekends or after work hours and at families’ homes is an issue that is not fully resolved. While programs attempt to schedule services at times and places convenient to families, there are generally fewer service options during weekends and after hours. Also, with the

increasing numbers of children and vacant positions, program staff may not always be available to provide home-based services. Programs will generally try to serve the child during work hours and at their center while they work them into their “after hours” and/or “at home” schedule. This is not always possible and the result is a service gap.

Scheduling Errors/Lack of Documentation. On occasion, program staff will inadvertently not contact a family to schedule a service identified on the IFSP. As soon as this is identified, the family is contacted to schedule the missing appointment, but it may still result in a service gap. Similarly, staff sometimes inadvertently fail to document that a service did occur, resulting in difficulty confirming that the service occurred.

Actions to Reduce Gaps

- 1) With the increase of children referred to POS programs, not only from H-KISS, but also from other care coordinators (PHNB and Healthy Start), the POS programs are in the process of recruiting for additional staff. As noted above, recruiting is both a time-intensive and expensive process as it entails advertising in mainland papers and discipline-specific journals. While many POS programs have increased their salary ranges and have offered signing bonuses in order to attract and retain therapists, increases are limited due to difficulty in funding salaries at the rates being requested by POS programs.
- 2) EIS continues to work with EI program staff to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists, to meet the outcomes listed on the IFSP. While many children enrolled in early intervention programs receive transdisciplinary services, some therapists do not use this service option. There will be a focus of additional training in the transdisciplinary service delivery method to ensure that recommended IFSP services are appropriate.

All children served at early intervention programs (unlike children receiving services from fee-for-service providers), who had a partial service gap, received other services, generally through a transdisciplinary model of service delivery to support the overall needs of the child and family. So, even though there were many gaps, only 34 children received no services (had full gaps), as noted in Table 4.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work (SW) positions statewide. Forty-four (44) positions were intended to provide care coordination services. The remaining 4 positions are administrative and are included in the data on administrative positions. However, due to issues identified below, there are currently 41 positions intended to provide CC, instead of the original 44. Using this new data, at the end of June 2006, 36 of the 41 state social worker/care coordinator positions, or 88%, were filled.

Due to the continued difficulty of recruiting on the islands of Hawaii and Maui, the Family Health Services Division, with EIS, and the District Health Officers on Hawaii and Maui jointly agreed to move two (2) Maui social work positions and (1) Hawaii

social work position to Oahu to support the increased need for social work/care coordinator positions on Oahu. Funds would be provided to the private purchase-of service (POS) programs to ensure they had sufficient positions to meet the social work/care coordination need. This decision was due to the difficulty hiring and the flexibility of the private sector regarding salary and benefits. To date, both Maui social work positions have been transferred, with one position filled. Paperwork is in process for the Hawaii position to be transferred. It was also decided that one social work position on both Maui and Hawaii would be re-described to a Psychologist Assistant IV, to support children with challenging behaviors and to be a liaison for children diagnosed with an autism spectrum disorder. The positions being transferred are included in the Oahu count. The positions being re-described are not included in the count as they are not being actively recruited. Also not included in the count is the SW position for the North Hawaii Child Development Program until it is decided how to most appropriately meet the care coordination needs of that program.

The following table provides information on the 41 DOH social worker/care coordinator positions, by island and statewide as of June 2006.

Table 6. Percentage of EIS Social Work/Care Coordinator Positions that are Filled, by Island, as of June 2006.

Island	EIS SW Positions Total #	EIS SW Positions Filled #	EIS SW Positions Filled %
Oahu	31	27	87%
Hawaii	5	4	57%
Maui	2	2	100%
Kauai	3	3	100%
Total	41	36	88%

The following table provides information on the approved POS social worker/care coordinator positions, by island and statewide as of June 2006.

Table 7. Percentage of POS Social Work/Care Coordinator Positions that are Filled, by Island, as of June 2006.

Island	POS SW Positions Total #	POS SW Positions Filled #	POS SW Positions Filled %
Oahu	13*	11	85%
Hawaii	2	1	50%
Maui	6**	6	100%
Kauai	1	0	0%
Molokai	1***	1	100%
Lanai	1***	1	100%
Total	24	22	92%

* Includes 1 position funded at 0.5 FTE and 1 position at 0.25 FTE.

** Includes 1 position funded at 0.5 FTE.

*** Position is funded at 0.5 FTE.

EIS works closely with the District Health Officers and the POS Program Managers to be aware of personnel changes and to problem-solve with them.

Goal: 90% of EIS direct service positions are filled.

EIS has 43 direct service positions statewide (one position previously identified as direct service has been changed to administrative due to the position responsibilities). These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Services Unit (ECSU) supervisor and ECSP Managers, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 9. At the end of June 2006, 36 of the 43 direct service positions, or 84%, were filled. Table 8 below provides information on direct service positions statewide and by island.

Table 8. EIS Direct Service Positions by Island, as of June 2006.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	36	32	89%	SLP-2; SPED-1; PMA II-1
Hawaii	7	4	57%	OT III-1; SLP IV-1; PMA II-1
Total	43	36	84%	–

Note: OT = occupational therapist; SLP = speech-language pathologist; SPED = Special Educator; PMA = paramedical assistant

As shown in Table 8, recruiting for SLPs continue to be difficult, with 2 of the vacant positions on Oahu being SLPs. In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. There are two types of fee-for-service providers. The first group consists of OT, PT, and SLP providers. These providers support the ECSP programs when there are staff vacancies and/or increases in referrals that cannot be met by the ECSP staff. They also help support the children served by the EIS Care Coordination Unit, by providing direct services to the children not served by early intervention programs. The need for these providers has decreased now that the three new POS early intervention programs are operational and other POS programs (e.g., Sultan Easter Seals) have increased the number of children they serve and the number of interventionists.

The other group of fee-for-service providers includes audiologists, nutritionists, intensive behavioral support staff (who serve children with autism), and psychologists (who support EIS psychologists). The need for psychologists has not decreased as the number of children with autism has not decreased. Although EIS has psychologists and a nutritionist, they cannot meet the need for these services in the communities statewide. Contracted providers help ensure that children receive all services identified on their Individual Family Support Plans (IFSPs).

Goal: 90% of EIS and Healthy Start central administration positions are filled.**Early Intervention Section**

EIS has 62 administrative positions statewide, including unit supervisors and specialists in the areas of contracts, internal service testing, public awareness, training, computer support staff, accounting staff, clerical and billing staff, and the Public Health

Administrative Officer (PHAO). Also included in the count of administrative positions are the Social Worker V who supervises the Care Coordination Unit social workers, two Social Worker II positions who support H-KISS, the Social Worker IV on the island of Hawaii who supervises seven social workers, the ECSU supervisor and ECSP managers, five Children & Youth (C&Y) Specialist IV positions who support quality assurance activities statewide and the statewide coordinator for the Newborn Hearing Screening Program. The Inclusion Project Specialist was just changed from being categorized as a direct service provider to an administrative staff person.

Of the 62 administrative positions, 54 (87%) are filled. All vacant positions are on Oahu, which includes: 2 staff to support third party billing; 2 clerk-typists to support the general administration of EIS and the Newborn Hearing Screening Program; the C&Y IV positions for Public Awareness/HEICC and EIS quality assurance/monitoring; the C&Y V position for statewide quality assurance/monitoring; and the Early Hearing Detection Coordinator that supports the “Baby HEARS” grant. Five staff (statewide QA, 3 EIS QA, and H-KISS SW II) have left their positions related to the state requirement to re-describe exempt positions to civil service positions.

Table 9 provides information on the administrative positions statewide and by island:

Table 9. EIS Administrative Positions by Island, as of June 2006.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	56	48	86%	Clerk-Typist-2; Billing Clerks-1; Third Party Billing Clerk-1; Child & Youth Specialist (HEICC)-1; C&Y IV (EIS QA)-1; C&Y V (Lead Agency QA)-1; Early Hearing Detection Coordinator-1
Hawaii	5	5	100%	–
Maui	1	1	100%	–
Total	62	54	87%	–

Healthy Start

Healthy Start has 9 administrative positions on Oahu: Program Head, Registered Nurse, Social Worker, Child and Youth Specialist, Research Statistician, Statistics Clerk, Accountant, Account Clerk, and Clerk Steno staff. Currently 8 of the 9 Healthy Start administrative positions are filled, which is an increase over last quarter. The Social Worker position remains under recruitment.

Goal: 90% of EIS caseloads will be no more than 1:35 (non-weighted).

Table 10 provides information on the percentage of social workers, by island, that have a current caseload of no more than 1:35. This is expected to increase as the vacancies noted in Tables 6 and 7 are filled. Data are provided on the 58 filled positions. This includes the 3 SW IV supervisory positions on Oahu (who are to provide care coordination at 0.25 FTE each) and the 1 SW IV supervisory position on Maui (who is to provide care coordination at 0.5 FTE) who have reduced caseloads due to their other responsibilities of providing technical assistance and training, but are providing care coordination due to vacant positions. The percentage of SW positions with no more than

1:35 caseload has increased, from 27% during July-September 2005, to 39% during October-December 2005, to 48% during January-March 2006, and to 52% this quarter. There was a noticeable increase on Maui, with 7 of 8 positions within the approved caseload ratio, as all positions are now filled. Because some of the SW/Care Coordinators are recent hires, they do not yet have a full caseload as they are being trained. This impacts the caseloads of other SW/Care Coordinators as they must maintain a higher caseload during this transition period.

Table 10. Social Work Positions (DOH and POS) with Non-Weighted Caseloads Not More than 35, by Island, as of June 2006.

Island	# Social Workers Providing Care Coordination as of June 2006	Number with Caseloads No More than 35	Percent with Caseloads No More than 35
Oahu	38	17	45%
Hawaii	5	2	40%
Maui	8	7	88%
Kauai	3	1	33%
Molokai	1	1	100%
Lanai	1	1	100%
Total	56	29	52%

Table 11 provides information on the status of care coordination ratio if all positions were filled, including the new positions.

Table 11. Projected Average Caseloads When All the Social Work Positions (DOH and POS) are Filled and Providing Care Coordination

Island	# Social Worker Positions for Care Coordination	# FTE Social Worker Positions for Care Coordination	Total Caseload *	Average Caseload (Projected)
Oahu	41**	39.75	1368	34
Hawaii	7**	7.00	231	33
Maui	8	7.00	208	30
Kauai	4	3.75	103	27
Molokai	1	.50	15	30
Lanai	1	.50	8	16
Total	62	58.50	1933	33

* Does not include children they provide liaison for which the social workers are liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common.

**Does not include SW IV supervisory positions (3-Oahu; 1-Hawaii)

As can be seen by Table 11, the care coordination ratio of 1:35, when all positions are filled, will be met. EIS will continue to actively monitor caseloads and make adjustments when necessary.

The Following Actions have Successfully Supported Care Coordination

- 1) Contract modifications and additional funds from DOH allowed POS programs to hire additional social work/care coordinators.
- 2) Two DOH SW positions from Maui have been transferred to Oahu; 1 DOH SW position from Hawaii is in the process of being transferred.

- 3) As more children are referred to community-based early intervention programs, the EIS social work positions have been assigned to support ECSP and POS programs.
- 4) The Request for Proposals (RFP) for POS programs for FY 2008 will show revised boundaries of the state Early Childhood Services Programs (ECSP) to ensure they can meet the needs of their enrolled children. A caveat is included in the RFP to allow POS programs to serve children outside their geographical areas who should be served by ECSPs, when it is needed.
- 5) Other early intervention staff (program managers and direct service staff) continue to support care coordination when there are social worker/care coordinator vacancies. This is a short-term solution as it can result in more service gaps if the direct service providers reduce their direct service time to assist in providing care coordination.
- 6) Overtime has been approved for EIS care coordinators so they can meet the needs of their families served and complete necessary paperwork. It is expected that as the new positions are filled, overtime will no longer be needed.
- 7) Social workers/care coordinators have acted as liaisons with public health nurses and Healthy Start Family Support Workers when they serve children in common. EIS is working with the early intervention programs to support other staff acting in this liaison role, which will further decrease caseload numbers.
- 8) Public health nurses continue to provide care coordination primarily for infants and toddlers with medical conditions and concerns, but also to children referred from Child Welfare Services due to drug exposure. Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns.

Training Opportunities

Early Intervention Section

Training provided and/or supported by EIS for April through June 2006 impacted 1178 early interventionists, public health nurses, Healthy Start providers, Early Head Start staff, fee-for-service providers, community preschool staff, other community providers, and family members. Approximately 46 family members are included in the above number. Following is a list of training topics and number of attendees during this quarter:

- **Part C Orientation.** EIS provided five (5) 4-day Part C orientations on the islands of Oahu (2), Maui (1), Kauai (1), and Molokai (1). While this orientation is required for all new Part C employees, including EIS and Healthy Start providers (public and private) and public health nurses, current employees frequently attend as a “refresher” on Part C requirements. Total attendance was 440 for all trainings, which included: Oahu 1 – 117; Oahu 2 – 99; Maui – 111; Kauai – 66; and Molokai – 47. In addition to the official orientations, a separate orientation was provided to 20 students of the University of Hawaii Maternal and Child Health Leadership Education in Neurodevelopmental Disabilities and Other Related Disorders Program (MCH LEND).
- **Orientation to Children with Special Needs.** The Keiki Care Project Coordinator continued to provide trainings to support staff serving young

children with special needs. Two trainings were held with staff from the Navy Child Development Homes Programs, which impacted a total of 34 staff.

- **Training on Required Child and Family Outcome Measures.** The Office of Special Education (OSEP) has developed child and family indicators that all Part C programs must track. Because these are new indicators to Hawaii's Part C system, this is a priority and extensive training must be provided to all early intervention providers, including EIS, PHNB, and Healthy Start. Three (3) all day trainings were provided to staff on the islands of Hawaii (62 staff over 2 trainings) and Kauai (25). In addition, two 1-hour phone orientations were provided to 120 staff across the state. Finally, 3 follow-up trainings were provided on Oahu that impacted 41 staff. Presentations were provided to 20 members (including 4 family members) of the Hawaii Early Intervention Coordinating Council and to 40 Program Managers and lead social workers. During this quarter, training on the new OSEP indicators was provided to 308 individuals.
- **Supporting the Comprehensive Developmental Evaluation (CDE) Process.** A video conference presentation to support early intervention providers, including EIS, PHNB, and Healthy Start, in understanding the CDE process was transmitted to 60 providers on Oahu (38), Maui (6), Hawaii (11), and Kauai (5).
- **Supporting Children with Challenging Behaviors and Autism.** The Keiki Care Project Coordinator provided trainings to support staff serving young children with challenging behaviors. Two trainings on "*Young Children with Challenging Behaviors*" were held, at Seagull Schools (12 staff) and Pearl Harbor Naval Station Child Development Center (18 staff). A related training on "*Through the Lens of Sensory Integration*" at Nuuanu Preschool reached 8 staff. Finally, training on the "*Second Steps Curriculum*," which focuses on supporting children with challenging behaviors was provided to 6 staff from the KCAA Atherton Preschool. The Inclusion Project Coordinator also provides training and support on challenging behaviors, and presented a workshop to 10 staff of the Jikoen Lumbini Preschool.
- **Training on Transition.** The fourth day of the Part C Orientation focuses on transition. A total of 113 individuals (of the 440 noted in Part C Orientation above) were provided training on transition. The Inclusion Project Coordinator also provided a workshop at the SPIN Conference for 26 individuals, including both parents and professionals.
- **Training on Inclusion.** The Inclusion Project Coordinator provided three (3) trainings on Inclusion to the Waipahu Easter Seals program (9), East Honolulu PHNB Section (15) and the Jikoen Lumbini Preschool (10), for a total of 34 staff.
- **Supporting Infants, Toddlers with Hearing Loss and their Families.** The EIS Specialist for Children with Hearing Loss provided six (6) trainings and family support activities that impacted 15 family members and 75 staff, educators, and other professionals. This included: 1) two "*Ohana Time*" Family Support Meeting for Oahu families; 2) training on the "SKI-HI" curriculum designed to

support children with hearing loss; and 3) three trainings on Hawaii's services to educators with the Pacific Outreach Project.

- **Assistive Technology.** EIS Assistive Tech staff presented 4 trainings this quarter to support the use of assistive technology with young children with special needs. Two presentations were provided to early intervention staff of the ECSPs (25) and Waianae PCDC (8). Two trainings were also provided to students – Kapiolani Community College students (15) and a University of Hawaii Special Education class (20).
- **Other Trainings.** Two trainings were provided to EIS Program Managers on the EIS OSEP Data System, to ensure accurate reporting of required data. In addition to EIS Program Managers, other EIS staff as well as PHNB and MCHB data staff attended. A total of 30 received this training.
- **Conference Support.** EIS supported 29 staff and family members to attend the annual Special Parent Information Network conference. Seventeen (17) of the 29 were family members. The Keiki Tech staff supported the *Tools for Life Expo* at the Convention Center through presentations on assistive technology. More than 2000 individuals attended the conference.
- **Informal Trainings/Consultants.** In addition to the more formal training discussed above, staff often provide informal, in-person and telephone support to families and staff of early intervention programs and community preschools.

Healthy Start

The Healthy Start POSP continues Intensive Role Specific training for all core Healthy Start program staff including Family Assessment Workers, Family Support Workers, Clinical Specialists, Child Development Specialists, and Clinical Supervisors.

April, 2006

4/4: Boundaries and Ethics
4/11: Cultural Sensitivity
4/19: Advanced Substance Abuse

May, 2006

5/1-5: Family Support Worker Role Specific Training
5/9: Foundation Training: Dynamics of Child Abuse and Neglect
5/10: Foundation Training: Introduction to Nurturing Fathers
5/16: Working with Teens
5/30: Boundaries and Ethics

June, 2006

6/1: Maternal Family Health
6/6: Cultural Sensitivity
6/16: ASQ Administration
6/19-20: Early Childhood Basics
6/27-30: Family Support Worker Role Specific Training

Healthy Start administrative staff have continued partnership with the Early Intervention Section and Public Health Nursing branch to train participants from all three entities on Early Intervention regulations as well as new “What Counts” initiatives.

The Healthy Start program head and registered nurse also attended a national Prevent Child Abuse conference in May, 2006. The information received from other nationally recognized home visiting programs merged nicely with program changes proposed by administrative staff.

Quality Assurance

Early Intervention Section

The EIS has two major quality assurance focuses. The first is that of the lead agency for Part C, which must assure to the Office of Special Education Programs (OSEP) that all programs that serve Part C eligible children (EIS, PHNB, Maternal and Child Health Branch [MCHB] Healthy Start) meet compliance with Part C. This is achieved through the development and implementation of statewide monitoring and data collection. EIS works closely with administrators of EIS, PHNB, and MCHB who have the responsibility to monitor and gather data from all their programs.

The second focus is to assure that all children under the age of 3 with developmental delays and their families are provided, through a family-centered, community-based, coordinated process, the necessary early intervention services to meet their needs and that all services are provided in conformance with federal IDEA Part C and state requirements.

The focus of quality assurance activities during the April-June 2006 quarter was to continue monthly data collection on compliance with timely comprehensive developmental evaluations, complete Present Levels of Development in the IFSPs, and timely transition plans, transition conferences and transition notices. The data continue to show improved compliance with timely comprehensive developmental evaluations, complete Present Levels of Development in the IFSPs, and timely transition plans. Data on timely transition conferences and Transition Notices did not support improved compliance. On-going support focused on transition activities is provided to increase programs’ understanding of requirements so that the data will improve. Data will continue to be collected, reviewed, and analyzed monthly to determine if the on-going support is successful.

Child/Family Outcomes

Activities will continue to determine the effectiveness of EI in supporting outcomes of children and their families.

Internal Reviews (which utilize the Felix Service Testing protocol) provide the opportunity for an objective observation of a child’s and family’s progress and to what extent the system supports the child and family and will continue. The focus this year continues to be on children who are either in the transition process to DOE Preschool Special Education or were recently transitioned. This additional information will be used to determine how to improve transition collaboration between Parts B and C.

Roles and Responsibilities of EIS Quality Assurance Specialists

The 5 Quality Assurance (QA) Specialists continue to expand their roles in the area of quality assurance through the following activities/strategies to support compliance:

- Monitor child charts.
- Review quarterly monitoring data with Program Managers to help determine how to increase compliance.
- Support programs in developing and implementing Improvement Plans to meet identified needs based on monitoring results.
- Facilitate statewide IFSP trainings.
- Participate in collaborative meetings for staff of different agencies that serve the same child (e.g., Imua Family Services, Healthy Start, and PHNB).
- Act as a resource regarding IDEA Part C requirements.
- Participate in the Internal Review process.
- Attend DOE Complex/District Quality Assurance meetings.
- Participate in STEPS teams.
- Attend Community Council meetings.
- Attend EIS Program Manager meetings to support their understanding of issues that impact all early intervention programs.

Healthy Start

Routine monthly monitoring continues for IDEA/OSEP regulations which include timely compliance with comprehensive developmental evaluations, documentation of the child's level of development, and appropriate and timely development of transition plans. The program's data management system is continuously reviewed and revised to maintain valid and real-time data for program monitoring purposes.

The program also maintains a Help Desk for providers to access data management assistance. Internal data management systems are being developed and initiated in a continuing effort to stay current with OSEP guidelines and program needs.

Funding***Early Intervention Section***

A total of \$8,680,021 was appropriated and \$8,799,576 was allocated for FY 2005. A total of \$8,900,021 was appropriated and \$9,015,021 was allocated for FY 2006. The differences were in both years was due to additional funds authorized by the Legislature for collective bargaining increases. The majority of the first quarter allocation supports POS and fee-for-service contracts.

Table 12. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter ¹
<i>Fiscal Year 2005</i>			
1st quarter – July-Sept. 2004	5,260,161	5,260,161	5,315,096
2nd quarter – Oct.-Dec. 2004	1,345,500	6,605,661	6,818,039
3rd quarter – Jan.-Mar. 2005	1,105,500	7,711,161	8,008,813
4th quarter – Apr.-June 2005	1,088,415	8,799,576	9,377,245
<i>Fiscal Year 2006</i>			
1st quarter – July-Sept. 2005	5,298,381	5,298,381	5,404,284
2nd quarter – Oct.-Dec. 2005	1,341,815	6,640,196	6,809,242 ²
3rd quarter – Jan.-Mar. 2006	2,185,000	8,825,196	8,965,989 ³
4th quarter – Apr.-June 2006	189,825	9,015,021	9,274,300 ⁴

¹ Source: Financial Accounting and Management Information System (FAMIS) report.

² Information as of 12/31/05.

³ Information as of 4/3/06.

⁴ Information as of 7/3/06.

In addition to the above allocation, an emergency appropriation of \$3,200,000 was requested, received, and used for the provision of additional services.

EIS also receives federal Part C funds (Table 13) for early intervention services. These funds decreased from \$2,194,384 for FY 2005 to \$2,160,317 in FY 2006.

Table 13. EIS Allocations and Expenditures/Encumbrances – Federal Part C Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter ¹
<i>Fiscal Year 2005</i>			
1st quarter – July-Sept. 2004	995,671	995,671	663,772
2nd quarter – Oct.-Dec. 2004	416,515	1,412,186	686,145
3rd quarter – Jan.-Mar. 2005	426,000	1,838,186	1,054,774
4th quarter – Apr.-June 2005	428,227	2,266,413	1,358,875
<i>Fiscal Year 2006</i>			
1st quarter – July-Sept. 2005	1,113,693	1,113,693	750,228
2nd quarter – Oct.-Dec. 2005	448,500	1,562,193	980,581 ²
3rd quarter – Jan.-Mar. 2006	445,000	2,007,193	1,301,122 ³
4th quarter – Apr.-June 2006	450,898	2,458,091	1,712,257 ⁴

¹ Source: FAMIS Report

² Information as of 12/30/05.

³ Information as of 4/3/06.

⁴ Information as of 7/3/06.

Healthy Start

In FY 2006, a total of \$14,877,435 in State funds and EIS Special funds were appropriated and allocated. There are \$11,877,435 in state funds, \$2,000,000 EIS Special Funds, and an increase of \$1,000,000 in the Special Fund ceiling.

Table 14. Healthy Start Allocations and Expenditures/Encumbrances (Source: FAMIS report)

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/Encumbrances at End of Quarter
<i>Fiscal year 2005¹</i>			
1st quarter – Jul.-Sept. 2004	16,363,548	16,363,548	16,825,456
2nd quarter – Oct.-Dec. 2004	87,185	16,450,733	15,682,408
3rd quarter – Jan.-Mar. 2005	(512,815) ²	15,937,918	15,860,660
4th quarter – Apr.-June 2005	87,184	16,025,102	15,841,582
<i>Fiscal year 2006</i>			
1st quarter – Jul.-Sept. 2005	11,615,881	11,615,881	5,091,227
2nd quarter – Oct.-Dec. 2005 ³	2,087,185	13,703,066	7,671,153
3rd quarter – Jan.-Mar. 2006 ^{4 & 5}	87,185	13,790,251	7,697,060
4th quarter – Apr.-June 2006	1,087,184	14,877,435	14,919,798

¹ State funds \$11,877,435 + Tobacco funds \$4,747,667.

² 3rd Quarter allocation of \$87,185 less \$600,000 transferred out to EIS in March 2005.

³ General Fund \$5,671,152.61, EIS Special Fund \$2,000,001.

⁴ Financial report information as of 1/31/06 only.

⁵ General Fund \$5,697,059.86, EIS Special Fund \$2,000,001.

Summary

Strengths in the early intervention system from April-June 2006 include:

- ⇒ EIS continues to provide extensive training to support the increased understanding of federal and state early intervention requirements.
- ⇒ EIS, PHNB, and MCHB meet monthly to review, analyze, and problem-solve issues related to OSEP compliance.
- ⇒ EIS, PHNB, and MCHB monthly data show increased compliance.
- ⇒ EIS, PHNB, and MCHB continue to collaborate extensively to ensure that programs are aware of changes that must be implemented to support Part C compliance.
- ⇒ All Part C programs are working diligently to correct the areas of non-compliance identified by OSEP.
- ⇒ The care coordination ratio, when all positions are filled, will meet the goal of 1:35.
- ⇒ Emergency appropriation funds were received to support increased costs for EIS and Healthy Start services.
- ⇒ Dedicated direct service staff at EIS and public and private early intervention programs is working diligently to meet the needs of the expanding number of children identified with developmental delays statewide and their families.
- ⇒ Ongoing collaboration with DOE support the transition of children from DOH Part C programs to DOE preschool programs.

- ⇒ The Hawaii Early Intervention Coordinating Council actively supported EIS and Healthy Start legislation.

Challenges to the early intervention system from April-June 2006 include:

- ⇒ Hawaii Part C has not met the required IDEA Part C compliance, and Special Conditions were attached to the Federal FY 2005 Grant Award.
- ⇒ There is not one unified Part C data system to track Part C children or to gather monthly data. Each Agency must adapt or develop its own system to collect the required data. The multiple systems impact the ease of analyzing data to determine the strengths and needs of the EI system.
- ⇒ Service gaps increased due to employment and retention issues.
- ⇒ Costs continue to exceed the budgeted amount for EIS and Healthy Start.